

**WELLNESS RECOVERY ACTION PLAN
 FACILITATOR REFRESHER TRAINING APPLICATION**

May 27th, 28th, & 29th 2014

8:00 am – 5:00 pm

Lincoln, NE

<p>Fax All 6 pages of application and supporting documentation to:</p> <p>ATTN: Cynthia Harris</p> <p>402-471-7859</p>	<p>Or Mail All 6 Pages of application and supporting documentation:</p> <p>Cynthia Harris DHHS- Division of Behavioral Health P.O. Box 95026 Lincoln, NE 68509</p>	<p>Email Assistance: Cynthia.harris@nebraska.gov</p> <p>Phone Assistance: Cynthia – 402-471-7857</p>
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DEADLINE FOR APPLYING:

Monday April 28th 2014 5:00 p.m. CST.

**If accepted to the training, you will be notified via USPS or telephone on or around
 May 12th, 2014**

Congratulations on deciding to apply for the Wellness Recovery Action Plan Facilitator Renewal Training!

This training is from Copeland Center Advanced Level WRAP Facilitators and is for those who are needing to refresh their skills and maintain active certification. It is best practice and recommended by the Copeland Center for Recovery and Wellness, that WRAP facilitators renew their certification every two years to remain active.

WRAP Facilitation is a training program developed and implemented by the Copeland Center for Wellness & Recovery based on ongoing consultation with Mary Ellen Copeland, her associates, Mental Health Recovery, WRAP facilitators, and people with a lived experience in recovery.

In order to improve skills and stay informed regarding effective approaches to WRAP Facilitation, continued learning is imperative.

Who is Eligible?

WRAP Facilitators who have already taken a five day WRAP Facilitator course and need refresher credit. A copy of your 40 hour training certificate from a Copeland Center certified Advanced Level WRAP Facilitator must be presented with application.

What is needed for the training?

WRAP Facilitator Manual from 2009 or later.

Thank you for your interest and good luck with your application!

Contact Information:

Name: _____

County in which you live: _____

Home Telephone No.: _____

Home Address: (also Street Address if your home address is a P.O. Box):

Home Email: _____

Cell Phone: _____

Agency where you work:

Work status (check one): Paid _____ Volunteer _____

Will be a Paid Position after Training _____

Current job title: _____

Work telephone: _____

Work/volunteer address:

Work e-mail: _____

May we leave information regarding the status of your application with someone other than you?

If yes, complete:

Name: _____

Phone: _____

Best Time to Try: _____

Applicant's Full Name: _____ Date _____

Please list special needs and describe needed accommodations (accommodations are not based on personal preferences):

Section A: Understanding and Interest

1) Why would you like to attend this training?

2) How has WRAP supported your recovery and wellness?

Applicant's Full Name: _____ Date _____

Section B: Experience and Next Steps

3) Describe your experience with facilitating WRAP.

4) How often do you facilitate WRAP?

5) If accepted to the training, how will you use the skills gained from the training? Will you increase your WRAP facilitation, if so how?

6) Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

Applicant's Full Name: _____ Date _____

Section C: Environment and Access

7) What will be your most difficult challenge in attending this training? How will you deal with this challenge?

8) Do you currently hold a position where you will use the skills gained through the WRAP Facilitator Renewal Course? Yes No (**if no, go to #9**)

A. If yes, do you receive pay for this position? Yes No

9) If no, are you a current candidate for a position where you will use the skills gained through the WRAP Facilitator Renewal Course? Yes No

A. If yes, will you receive pay for this position? Yes No

B. Position title/location: _____

10) Is there anything else you would like us to know in considering you for the WRAP Facilitator Renewal Course?

Section D: Signatures

Directions: Please initial by hand those that apply to you for questions 11-17 on this page.

11) _____ I understand that I must make all transportation, food, parking, and lodging arrangements for this training on my own. (The training itself is free).

(Initial above if statement applies to you)

12) _____ I am NOT a WRAP Facilitator

(Initial above if statement applies to you)

13) _____ I am a WRAP Facilitator. This means that I have attended a 5-day in person WRAP Facilitator Training Course.

(Initial above if statement applies to you)

14) _____ I have a 40 hour certificate of training from a Copeland Center Certified Advanced Level WRAP Facilitator and I have presented it with my application.

(Initial above if statement applies to you)

15) If you are a WRAP Facilitator, please detail when and where you took the training, and who the Advanced Level WRAP Facilitators of the course were.

16) Do you have a WRAP Facilitator Manual from 2009 or later?

a) _____ YES

b) _____ NO

(Initial above which statement applies to you)

17) _____ I completed this application on my own.

(Initial above if statement applies to you)

Once you have completed the application please sign and date that you understand its contents.

SIGNATURE _____

PRINTED NAME _____

DATE _____

If you have any further questions please contact the Office of Consumer Affairs

Carol Coussons de Reyes, Certified Peer Specialist, MS

carol.coussonsdereyes@nebraska.gov

402-471-7853 (office phone)

800-836-7660 (office phone)